# New Jersey Public Employment Relations Commission

### **POLICE AND FIRE**

## COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #							
	SECTION I: Parties and To	erm of Contracts					
1	Public Employer: Township of	of Hamilton	County: Mercer				
2	Employee Organization:	rior Officers Association	Number of Employees in Unit: 36				
3	Base Year Contract Term: July	1, 2013 - December 31, 2016					
4	New Contract Term: January 1	, 2017 - December 31, 208					
	SECTION II: Type of Cont	ract Settlement (please	e check only one)				
5	Contract settled without	out neutral assistance					
6	Contract settled with a	assistance of mediator					
7	Contract settled with a	assistance of fact-finder					
8	Contract settled in Inte	erest Arbitration					
9	If contract was settled in Intere	st Arbitration, did the Arbit	rator issue an Award? Yes No	,			
				•			
	SECTION III: Base Salary (	Calculation					
	The "base year" refers to the final year of the expiring or expired agreement.						
	or table and any amount provide It shall also include any other it	led pursuant to a salary incr em agreed to by the parties e prior contract. Base salary	ise salary' means the salary provided pursuant to a salary g rement, including any amount for longevity or length of ser s, or any other item that was included in the base salary as y shall not include non-salary economic issues, pension and	vice.			
10	Salary Costs in base year		<b>\$</b> 4,953,580				
11	Longevity Costs in base year		\$ 324,878				
12	Other base year salary costs		·				
	Overtime	\$ 208,951					
	Increments	\$ 17,826					
	Educational Pay	\$ 24,250					
	Sick time Buyback	\$ 68,626					
	Sum of "Other" Costs Listed in I	ine 12.	\$ 319,653				
4.2			5,598,111				
13	Total Base Salary Cost: (sum	of lines 10, 11, 12):	2				

14	SECTION IV: Increase  Total Base Salary Cost fro		ry Cost (for ea		ew CNA)			
14	Increases	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	
15	Effective Date (month/day/year)	1/1/2017	1/1/2018					
16	Cost of Salary Increments (\$)	18,183	18,546					
17	Salary Increase Above Increments (\$)	99,072	101,053					
18	Longevity Increase (\$)	6,498.	6,628.					
19	Total Increased Cost for "Other" Items (\$)	-18,549.	5,537.					
20	Total Increase (\$) (sum of lines 16-19)	80,532	106,590.					

### SECTION V: Average Increase Over Term of New CNA

21	Dollar Increase Over Life of Contract	\$ 200,248	[Take sum of all amounts listed on Line 20 above]
22	Percentage Increase Over Life of Contra	ct 3.58	
23	Average Percentage Increase Per Year	1.79	
			the contract]

Employer: Township of Hamilton Employee Organization: Superior Officers Association Page 3

### SECTION VI: Other Economic Items Outside Base Salary and Increases

### ←Increases→

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24	Item Description	Base Year Cost (\$)	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
	Clothing Allowance	21,600	21,600	21,600				
5	Totals (\$):	21,600	21,600	21,600				

#### **SECTION VII: Medical Costs**

	Insurance Costs	Base Year	Year 1
26	Health Plan Cost	\$ 232,982	\$ 254,784
27	Prescription Plan Cost	\$ 100,575	\$ 101,010
28	Dental Plan Cost	\$ 23,320	\$ 26,042
29	Vision Plan Cost	\$ 1,630	\$ 1,509
30	Total Cost of Insurance	\$ 358,507	\$ 383,345

Page 3 of 4 (complete all pages)

oyer: Township of Hamilton	Employee Organization: Superior Officers Association	Page 4
ION VII: Medical Costs (continued)		
Employee Insurance Contributions  Contributions as % of Total Insurance Cost	\$\begin{align*} 272,232 & \\$ \begin{align*} 294,771 & \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
Identify any insurance changes that were	included in this CNA.	
Print Name: David J. Kenny  Business Administrator		
Signature: Date:  5/3/13		
certification form to: contracts@perc.s	tate.nj.us	gned
	Employee Insurance Contributions Contributions as % of Total Insurance Cost  Identify any insurance changes that were  SECTION VIII: Certification and Signature The undersigned certifies that the forego  Print Name: David J. Kenny  Position/Title: Business Administrator  Signature: Date: 5/8/13  Send this completed and signed form all certification form to: contracts@perc.se	ION VII: Medical Costs (continued)  Employee Insurance Contributions  Contributions as % of Total Insurance Cost  M  Identify any Insurance changes that were included in this CNA.  SECTION VIII: Certification and Signature  The undersigned certifies that the foregoing figures are true:  Print Name: David J. Kenny  Position/Title: Business Administrator  Signature: Date: 5/4/16  Send this completed and signed form along with an electronic copy of the contract and the signer certification form to: contracts@perc.state.nj.us  NJ Public Employment Relations Commission  Conciliation and Arbitration

Revised 8/2016

Trenton, NJ 08625

Phone: 609-292-9898